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Recommendations to the Health Care Reform Implementation Council on the Selection of Illinois' Essential Health Benefits Benchmark Plan

Introductory Comments:
The Illinois Association of Rehabilitation Facilities (IARF) is a statewide association of community-based providers serving children and adults with intellectual and developmental disabilities, mental illness, and substance use disorders. The Association would like to thank Chairman Gelder and the other members of the Council for the opportunity to provide comments and recommendations regarding selection of Illinois' Essential Health Benefits (EHB) package for our state's health insurance exchange and newly eligible Medicaid recipients in 2014.

As an Association representing comprehensive service providers (providing both behavioral health and intellectual/developmental disability services and supports) as well as providers contracting solely with individual Divisions in the Department of Human Services (DHS), our recommendations discuss nearly the full range of the 10 mandated coverages required by the Affordable Care Act.

For the sake of brevity, IARF offers our recommendations with the assumption that Council members:

- are familiar with the existing unmet healthcare needs of individuals with serious mental illness, substance use disorders, and individuals with intellectual, developmental, and physical disabilities who are in or entering the workforce;
- understand that significant numbers of individuals eligible for Medicaid beginning in 2014 may have serious mental illness, substance use disorders, and disabilities; and
- expect these individuals have a high likelihood to cycle on and off Medicaid eligibility due to employment status, and are therefore at risk of gaps in health care coverage unless coverage guarantees are made and/or the EHB benchmark plan ensures products offered in the exchange are substantially similar for new Medicaid enrollees.

The Association's comments are based on:

- our review of documents provided publicly by this council;
- our understanding of the 10 coverage requirements mandated by the ACA, states limitations and flexibilities as described by HHS in its 12/11/11 bulletin and Federal CMS in its 02/17/12 FAQ;
- the parity requirements on plans mandated by the Paul Wellstone and Pete Dominici Mental Health Parity and Addictions Equity Act (MHPAEA) and Illinois' Parity Law (most recently, P.A. 97-0437); and
- the requirement that existing state mandates must be included in the benchmark plans, or the state must defray the cost of those mandates.

Furthermore, IARF's comments endorse or substantially parallel several of the recommendations of:

- the Coalition for Whole Health;
- the Consortium for Citizens with Disabilities;
- the American Academy of Pediatrics;
- Health & Disability Advocates; and
- our colleagues at the Illinois Alcoholism and Drug Dependence and the Community Behavioral Healthcare Associations.

Recommendations on Selecting Illinois' EHB Benchmark Plan

General Recommendations:
Based on published guidance from HHS and Federal CMS, states have limitations and flexibilities in choosing an EHB benchmark package. Understanding the importance of establishing a benchmark package that provides for affordable insurance products, on behalf of the individuals our members serve - and will serve - the Association recommends ensuring the most robust and consistent options available in all participating plans (including the Medicaid benchmarks). With that primary recommendation in mind:

- participating plans based on the EHB benchmark should be required to match details without variation to help make benefits consistent across plans and simplify comparison;
- require broad based benefits with no large gaps;
- limit benefit limitations where possible;
- establish clear monitoring and enforcement mechanisms for plans participating in the exchange;
- consider a comprehensive definition of medical necessity based on the needs of the participating population so that individual functional needs are included;
- ensure benefits are most suited to the various 10 'buckets' of required coverage categories; and
- knowing plans are able to substitute coverage of services within the 10 'buckets' so long as they maintain actuarial equivalency, strive to limit substitution of benefits across benchmark categories to prevent lack of benefits in categories and to prevent condition-based exclusions;

Recommendations on 10 Coverage Categories:
Below the Association provides recommendations on several of the 10 mandated categories of services. IARF acknowledges that further guidance from federal CMS may be needed in terms of which of these recommendations are appropriate for which 'bucket' of required categories of coverage.

Ambulatory Patient Services

- State mandates require limited coverage for dental procedures provided in a hospital or ambulatory surgical treatment center to children under six, persons with a medical condition requiring hospitalization for the procedure and for disabled individuals.

- Illinois' existing plans do not cover diagnostic & preventative, basic, nor major dental care. Unfortunately, Illinois' recent Medicaid reform legislation further limited an already limited package of benefits provided to Medicaid eligible individuals.

- Considering lack of proper dental care is a cost driver for individuals with disabilities and mental illness, Illinois should consider a benchmark package that provides some level of dental benefits.

Mental Health and Substance Use Services
Illinois' EHB benchmark package must cover all federal and Illinois parity laws regarding mental health and substance use disorders. Illinois' Medicaid Rehabilitation Option (MRO) provides a robust array of community-based mental health services and supports to individuals currently eligible for Medicaid. Therefore, to ensure consistency of coverage and benefits, especially for individuals who may cycle on and off Medicaid eligibility, Illinois must strive for a benchmark package (both for the exchange, small and group markets, and newly Medicaid eligible individuals) that seeks to cover the full array of MRO community-based services and supports in addition to federal and state mandated coverages.

If Illinois is unable to adopt this approach, we offer the following recommendations endorsed by the Coalition for Whole Health and consistent with Illinois' coverage mandates:

- Outpatient treatment including all services traditionally covered by insurance, such as assessment, treatment planning, laboratory services, individual, group and family evidence-based psychotherapy services, appropriate medication prescribing and monitoring. Outpatient treatment should also cover screenings, referral, and ambulatory detoxification. Coverage should include a minimum of 60 visits for outpatient treatment (including group and individual outpatient treatment) in each calendar year. Medication management visits should not count toward the number of outpatient visits.

- Inpatient hospital services, including all services traditionally covered by insurance, including detoxification and psychiatric stabilization services. Coverage should include a minimum of 45 days of inpatient treatment in each calendar year.

- Intensive outpatient, including all intensive outpatient and partial hospital services traditionally covered by insurance for the treatment of substance use disorders.

- Intensive home-based treatment, including all services traditionally covered by insurance for children and adults with serious mental illness and/or substance use disorders, such as counseling, behavior management, and medication management.

- Crisis services, including emergency room crisis intervention, stabilization, and mobile crisis services.

- Residential substance use disorder treatment, including all services traditionally covered by insurance related to residential substance use disorder treatment (sub-acute treatment) that correspond to the American Society of Addiction Medicine's level III of care. The plan must specify that coverage includes residential treatment as part of the mandated 45 days of inpatient services that calendar year.

  Furthermore, the plan must not include a lifetime limit on the number of days of inpatient treatment or residential treatment. Likewise, the plan should not include a lifetime limit on the number of covered outpatient visits.

Prescription Drugs

- Although the HHS 12/11/11 bulletin proposes a standard for prescription drug benefits based on the Medicare Part D program, it only requires participating plans to offer one drug per therapeutic class. The Association recommends Illinois challenge HHS' requirement of this limitation under the anti-discrimination clause of the ACA in order to avoid this potentially harmful limitation.

- Furthermore, IARF supports utilizing the Medicare Part D Patient Protection Clause, which would call for plans to cover all or substantially all of the drugs in six specific therapeutic classes. These coverages are critically important to individuals with HIV-AIDS, epilepsy, transplant patients, and persons with mental illness.

- Drug coverage should also include coverage for all medications approved for the treatment of mental illness (including anti-psychotics) and substance use disorders.

Rehabilitative and Habilitative Services and Devices

HHS' 12/11/11 bulletin and the Federal CMS follow-up FAQ provides states with flexibility in defining habilitative services. As an organization familiar with the support needs of children and adults with intellectual and developmental disabilities and mental illness - which require services to maintain as well as improve function - IARF supports Illinois using this latitude to require broad coverage of habilitative and rehabilitative services and supports in the benchmark package.

- Use the National Association of Insurance Commissioners' definition of Habilitation Services (which is also consistent with Medicaid) when considering which services to include in the benchmark package: *"Health care services that help a person keep, learn or improve skills and functioning for daily living. Examples include therapy for a child who isn't working or talking at the expected age. These services may include physical and occupational therapy, speech-language pathology and other services for people with disabilities in a variety of inpatient and/or outpatient settings."*

- Utilize Early and Periodic Screening Diagnosis Treatment (EPSDT) as the benchmark to determine the appropriate coverage for children with special needs.

- Provide state mandated benefits for children with autism, which is consistent with existing Illinois plans, but is more limited in federal plans.

- Require coverage of prosthetics and orthotics, in addition to durable medical equipment, which appears to be consistent with all plans included in the comparison chart of Illinois and federal plans.

- Include psychiatric rehabilitation skills training and other services, which should include all services traditionally covered by insurance, including skills training to address functional impairments, furnished in any appropriate setting, and also to include rehabilitation services designed to avoid institutional placement for children and adults with severe mental illness, such as therapeutic foster care.

- Cover all clinically appropriate treatments for eating disorders as required by existing federal parity law and Illinois' state mandates.

- Include coverage of recovery support services, including peer support and coaching.

Preventative and Wellness Services and Chronic Disease Management

- Home visiting programs for individuals with mental illness and substance use disorders, including evidence-based home visiting for caregivers, infants, and toddlers.

- Wellness services, including consumer and family education on maintaining healthy weight, good nutrition, substance use prevention, and other aspects of a healthy lifestyle, including wellness.

- Prevention services, including those required by the ACA, and suicide and drug screenings for adults.

- Comprehensive care management, including intensive case management for persons with severe mental illness and substance use disorders.

- Interdisciplinary care coordination and health promotion, including:
    - care coordination services for children, adults, and elderly persons with mental illness and substance use disorders;
    - early intervention for children; and
    - pain care management.

- Patient and family support, including education and self-management assistance for persons with severe mental illness and substance use disorders.

- Appropriate referral to community and support specialists.

Pediatric Services, Including Oral and Vision Care

- As coverages and benefits for children will be included in separate 'buckets', the benchmark package should (and require of participating plans) mirror EPSDT and Medicaid benefits.

We appreciate the Council for providing a public comment period to provide recommendations regarding Illinois' selection of an EHB benchmark package. As members of this Council are well aware due to direct involvement, Illinois is in the midst of substantial health care reform efforts - especially in the Medicaid program - as they pertain to individuals with disabilities, mental illness, and substance use disorders. Through our collective efforts to better coordinate health and long-term care, it is important to understand the importance of an EHB benchmark package that provides sufficient coverages for the health care and long-term care needs of individuals with intellectual and developmental disabilities, mental illness, and substance use disorders.